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| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2009 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H. R. 4818).) | | Docket Number (Optional) 65584 (71678) |
| Application Number | 10/579,274-Conf. #8867 | Filed October 26, 2006 |
| For ACTUATING MECHANISM | | |
| Art Unit | 3676 | Examiner Brad Harcourt |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. | | |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): | | |
| <input type="checkbox"/> | One month (37 CFR 1.17(a)(1)) | Fee <u>Small Entity Fee</u> |
| <input checked="" type="checkbox"/> | Two months (37 CFR 1.17(a)(2)) | \$130 \$65 \$ |
| <input type="checkbox"/> | Three months (37 CFR 1.17(a)(3)) | \$490 \$245 \$ 245.00 |
| <input type="checkbox"/> | Four months (37 CFR 1.17(a)(4)) | \$1110 \$555 \$ |
| <input type="checkbox"/> | Five months (37 CFR 1.17(a)(5)) | \$1730 \$865 \$ |
| <input type="checkbox"/> | | \$2350 \$1175 \$ |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. | | |
| <input type="checkbox"/> A check in the amount of the fee is enclosed. | | |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. | | |
| <input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. | | |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>04-1105</u> . | | |
| WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. | | |
| I am the <input type="checkbox"/> applicant/inventor. | | |
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. | | |
| Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). | | |
| <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>49,036</u> | | |
| <input type="checkbox"/> attorney or agent under 37 CFR 1.34. | | |
| Registration number if acting under 37 CFR 1.34 _____ | | |
| _____ Signature | | _____ Date |
| David J. Silvia Typed or printed name | | (203) 353-6839 Telephone Number |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. | | |
| <input type="checkbox"/> Total of <u>1</u> forms are submitted. | | |

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